

**Meeting Minutes for the
Governor's Council on Behavioral Health**

Thursday, October 9, 2014

Public members present: James McNulty, Sandra DelSesto, Mark Fields, James Gillen, Rich Leclerc, Joseph Le, Cheryl Patnaude, Anne M. Mulready, Cherie Cruz, Sarah Dinklage, Bruce Long.

Appointed members present: None.

Statutory members present: None.

Ex-officio members present: Lou Cerbo (Department of Corrections); Denise Achin (Department of Education); Sharon Kiernan (OHHS); Director Craig Stenning, Michelle Brophy, Elizabeth Kretchman, and Linda Barovier (BHDDH).

Guests: Susan Jacobson (MHA RI); Holly Cekala (Anchor); Allison Theriault (PSNRI); and Jennifer Wall (East Providence Prevention Coalition).

Staff: Jim Dealy, Linda Harr.

Review of Minutes (Rich Leclerc)

A quorum being present, the meeting was called to order. The Minutes of September 9, 2014, were reviewed. Bruce Long requested his name be added to the Minutes. There being no other corrections, the Minutes were approved as amended with one abstention.

“Registry Week” (Michelle Brophy): Michelle announced an upcoming event, called “Registry Week,” organized by the Rhode Island Coalition for the Homeless. It will be part of “Zero 2016,” a national campaign to house all homeless individuals. The event will identify as many as homeless people as possible and prioritize them for housing depending on how at risk they are. On November 10, 11, & 12th from 6:00 – 9:00 PM, approximately 100-150 volunteers from different walks of life will go to local shelters, homeless camp grounds, etc. The volunteers will be in regional teams under team captains. They will have received a 30 minute training prior to going out. The volunteers will ask individuals to complete the VI-SDAT, an assessment form being used across the county to determine who is most likely to die on the street if they don’t get housing. If the homeless individuals agree, volunteers will take their picture, give them a \$5 Dunkin Donuts gift card for participating, and enter them into our homeless information system. Based on the information collected, a prioritized housing list will be created. We are hoping to be the first state to end homelessness. Michelle provided a handout and asked the members to circulate it and encourage others to volunteer for the “Registry Week.”

2013 Annual Report to the Governor's Office (Jim Dealy): Rich inquired whether the Committee had reviewed Report the with the revisions. Sandra said that the last paragraph which talks about the level of prevention certification understates the problem. She will submit suggested wording for replacement in this last paragraph. Joseph Le made a Motion to accept the Report, the Motion was seconded by Ann and was passed with the understanding the above-referenced language will be revised. The Report was approved and will be forwarded to the Governor.

Bruce Long requested that, in the future, a one-page summary be prepared for easy review by the General Assembly.

ROSC Implementation Committee (Sandra Delsesto): No report.

Prevention Advisory Committee (Sandra Delsesto): An evidence-based practices work group committee has been formed, composed of individuals from various state departments and people who have expertise in epidemiology evaluation. The goal of the Committee is to support the implementation of evidence-based prevention practice – not only here at BHDDH but throughout the departments that have an association with behavioral health. The first task of this group is to look at evidence-based factors for prevention of marijuana and drinking use by youth. The greater challenge is with populations where there have been fewer interventions; homeless, drop-outs, etc. Part of the PAC's agenda is to let folks know what's available and how to access it. There are members from the Governor's Council currently on this Committee but the workgroup is still working on having members from all needed areas of expertise.

Healthy Transitions (Jim Dealy): Jim announced the award of this five year, five million dollar SAMHSA grant. The grant's purpose is to help develop effective services for youth and young adults, ages 16-25, who have or are at risk for developing Serious Mental Illness, Co-occurring Disorders and suicide. There are two pilot sites in the state, Woonsocket and Warwick. URI will be providing an evaluator. This is collaboration between BHDDH and DCYF. Brenda Amodei will be the interim Project Director. An interdepartmental transition team will oversee the project. It will be advised by a Statewide Advisory Council built around the Governor's Council Transitional Team. There will also be Local Advisory Councils in Woonsocket and Warwick. The grant will support the development of an infrastructure to support a "system" of services for this age group, including collaborative governance and funding. It will also support local outreach to families and young adults to help them identify the early signs of SMI/COD and to get help. Finally, it will support the creation of specialized services for these youth/young adults. At the highest level of need, it will help create treatment teams that wrap services around those who are experiencing a first episode of psychosis using the CSC service model. The development of CSC teams will also be supported by Mental Health Block Grant money that SAMHSA is setting aside to serve this population. A summary of the project is being written and the project will be presented at the next Council meeting.

Creating Community Solutions (Rich Leclerc): A handout was provided. This will also be included on the Agenda for next month's meeting. Nothing has yet transpired as to what role the Governor's Council can play.

Rhode Island behavioral Analysis and Report Project (Richard Sabo): Richard, who is from BHDDH, provided a power-point presentation on this project. It grew out of the state Legislature's Rhode Island Coordinated Health Planning Act of 2006, which requires a comprehensive review of mental health and substance abuse incident rates, service use rates, capacity and potentially high and rising spending. BHDDH was asked to help design this review.

Richard said that Behavioral Health is the largest single source of the burden of disease within the state. There is no other health condition that matches behavioral illness in the combined extent of its prevalence, persistence and the breadth of its impact at all levels. It goes beyond the capacity of any one agency to adequately address. There are major disconnects between the different approaches to addressing the problems, for example, between prevention and treatment, and, historically, there has been competition for funding. Whatever solutions are reached at the state planning level, they have to be implemented at the local level with flexible solutions. With that in mind, the project planners decided to work with the prospective vision that "all Rhode Islanders have the opportunity to achieve the best possible mental health and well-being within healthy local communities that promote empowerment, inclusion, and shared responsibility." The planners felt that the best way to approach this was by adopting the population health approach, which entails addressing behavioral health problems across the lifespan. Epidemiological data shows that the continuity of disorders between childhood, adolescence, and the adult years, combined with the risk factors from the early years, really do require us to look at a spectrum of interventions across all these stages of development. Studies reveal that most mental health problems develop along a pathway in which there is increasing frequency and severity of illness over the life-span. There appears to be a peak period, often between the ages of 15-25, which express the highest daily rates. Unfortunately, this state along with most states has the least amount of planning for this age group. This is a critical age group where all agencies need to provide integrated solutions and input. Adopting a life-span approach will allow the state to look at the critical points in the development of mental health, addiction and behavioral issues, indicating where we can intervene earlier or treat more appropriately at the critical levels of care.

Stages reviewed include: infants to preschoolers (ages 0-4), primary schoolers (ages 5-12), transitional youths/young adults (ages 13-25), as well as adults and the elderly. The study will be reviewing primary care, intensive care services for people with severe behavioral health disorders and needed specialized treatment. The focus includes determining what the best practices are and what is the best estimate of need in each of those population groups in terms of the continuum of care. The Legislature allocated \$300,000.00 for this review. Whether it is possible to attain and maintain this goal with that sum is another question. A company with extensive experience doing this kind of study has been hired to produce the report. An attempt to quantify the economic loss to the state in unaddressed needs will be made. Concern was expressed that exit strategies often seem to go unaddressed. Bruce raised the issue that there seems to be no measurement of those whose lives are improved by treatment. The Director pointed out that attempting this measurement is no different than trying to measure someone who is in recovery from a medical condition.

Richard's power point is attached with the minutes.

Update from BHDDH (Craig Stenning): Congratulations for the incredible conclusion of Recovery Month. It didn't happen without Jim Gillen's amazing efforts. Recovery Month began in Washington in August and ran through the end of October in Providence. Post-recovery month was completed with an overdose forum which is focusing in on some of the short-term responses to overdoses and the numbers we are attempting to alter through recovery. Now the year of hope is begun.

Update from EOHHS (Sharon Kiernan): Phase I on the MOU with CMS around long-term care services has been implemented. We have been coordinating in a very positive way with the staff of the Developmental Disabilities division and sharing information to help support that initiative. We were hoping to move to Phase II in April 2015, but we have not finalized the Agreement with CMS, so that is still in discussion. A change has been made to our transportation benefit that's affecting most of our Medicaid recipients. CMS is not allowing the state to continue to use the Rhody10 bus pass. It was concerned that people might use that for non-medical appointments. Most of those who have been using Rhody 10 (people in RiteCare, RiteShare and the Medicaid Expansion) will not be able to continue with it, but they will still be able to receive transportation through Medicaid. They will now need to contact our new transportation broker, Logisticare. OHHS has mailed a letter to all recipients and there will also be information at the supermarkets where they previously picked up the bus pass as well as through other venues. This change does not affect the disabled or the elderly, who have had a different way to obtain bus passes.

Update from DCYF (Chris Strnad): None.

Old/New Business (Rich Leclerc): None.

The meeting was adjourned by vote of the members.

Next Meeting: November 13, 2014, 8:30 A.M., Barry Hall Room 126

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.